The Consultant Pharmacist

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Who is the Consultant Pharmacist

- Educated, licensed, certified specialist
- Experienced
- Educator

What Does the Consultant Pharmacist Do?

- Patient advocate
- Protect the patient
- Encourage best practices
- Political advocate for the patient

Where does the Consultant Pharmacist Work?

Defined by what we do, not where we do it

What Does the Consultant Pharmacist Want To Do?

- Medication administration efficiency
- Maximize medication related outcomes through proper and optimal utilization
- Interact more with the interdisciplinary medical team
- Provide leadership within the medical team

The rules we work under…

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Traditional Role of Consultant Pharmacist

- Mandatory review of resident records
- Federal/State Regulations
- Responsibility for teaching nursing staff
- Regulatory Officer

Regulations

- Unnecessary Drugs
  - FTag 329, Medications of particular relevance
- Pharmaceutical Services
  - Pharmacy Services: Tag 425,
  - DRR/MRR: Tag 428
  - Storage and Labeling: Tag 431

What does this mean?

- Consultant pharmacist responsible for ensuring compliance with medication related issues
  - Diagnosis, monitoring, adverse effects, etc…
- Communicate discrepancies to physician
  - Physicians required to respond when disagreeing with pharmacist.
- Ensure medication storage compliance, emergency supply

Our work environment

- Unfortunate events

The Consultant Pharmacist: Methods For Influencing Appropriate Use of Antipsychotic Agents in the SNF Setting

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SURVEY QUESTION TO SNF CLIENTS

- *From your perspective, what does the consultant pharmacist do to help your facility manage antipsychotic agent use, especially with the renewed emphasis of ensuring appropriate use of antipsychotic agents, and the goal of reducing antipsychotic use by 15% by the end of this year.*
- *Would you be able to list three things you believe have been helpful, or what would be helpful in the future?*

SURVEY RESPONSE

RESPONSES FROM:	NUMBER OF RESPONSES
SNF Administrator	3
Director of Nursing	3
Medical Records Director	1
Director of Pharmacy	2
Medical Director/Physician	2
Nurse Practitioner	2
Assistant Director of Nursing/Nurse Manager	2
Nursing Supervisor/Charge Nurse	3
Social Service Director	1
TOTAL	19

CATEGORIES OF RESPONSES

- EDUCATION
- INFLUENCING POLICY
- MEDICATION REGIMEN REVIEW
- ENSURING COMPLIANCE WITH CMS GUIDELINES & STATE REGULATIONS
- OTHER

RESPONDER	METHOD
MEDICAL RECORDS DIRECTOR: *You keep us on top of the new drugs or drugs discontinued, or drugs that should not be utilized in the SNF. Available to answer questions. Give in-services to our nursing staff.*	*Ongoing sharing of information at quarterly meetings (OIG reports, AFL letters, CDPH Antipsychotic Collaborative, CDPH Antipsychotic Use Survey Tool & supplemental guidance)* *"DID YOU KNOW" handouts* *In-services (formal and informal)*
DIRECTOR OF PHARMACY: *You educate beyond "the rule" to the reason and provide help, assistance, suggestions* *You provide drug information as necessary*	*Explanations/rationale included in MRR report; offer alternative & suggestions for consideration* *Focus on being accessible to all staff as a resource for medication related questions.*
PHYSICIAN'S ASSISTANT: *education; you always make resources available and answer questions.*	*Share industry information at the quarterly meetings*
DIRECTOR OF NURSING: *My goal is to eventually set some type of in-service for the nursing staff and Mid-levels that can help us increase the nursing staff knowledge level. You also reduce the anxiety level and chaos that plagues the way we conduct business.*	
ADON: *Resource to staff at any time with regard to psychotropic medication recommendations not just during monthly review) – text messages, questions via FAX, etc.* *Ongoing education with regard to medications and what is going on in the industry (OIG, ICO, AFL's)*	

INFLUENCING POLICY

RESPONDER	METHOD
DIRECTOR OF NURSING: *As our consultant, you contributed a lot of recent updates in terms of being compliant in use of psychotropics such as the importance of utilizing the written and signed ICO.*	*Distribute information & discuss issues with regard to informed consent at quarterly meetings; help establish policy*
ADMINISTRATOR: *Provide policy guidance to improve practice and compliance.*	
SOCIAL SERVICES*: helped us write our informed consent policies to assure regulatory compliance;*	

MEDICATION REGIMEN REVIEW

RESPONDER	METHOD
MEDICAL DIRECTOR: *Reminders about drug-drug interactions and to either change medications or add monitoring for adverse effects (especially the QT interval prolongation – I don't always remember all of that)* *Reminders about dose reductions being due; providing rationale for why a dose reduction should be attempted* *Appreciate the practical approach to pharmaceutical suggestions, keeping in mind resident's age, advanced directives, etc.*	*Medication regimen review* *Letters to physicians*
DIRECTOR OF NURSING: *"Remote review" help to identify issues with use of any RX that could potentially be an error very shortly after admission. Staff respond promptly to the "remote review"*	*Procedure implemented to review medication regimens of residents via remote processes in a timely fashion (either FAX or e-mail).*
ADMINISTRATOR: *Monthly monitoring of psychotropic drug utilization for overall clinical practice and process, supporting documentation for appropriate use and risks and benefits, assessment of drug contraindications or adverse reactions, drug holidays/reductions, alternative drug regime.*	

RESPONDER	METHOD
NURSING SUPERVISOR: *diligent effort to ensure compliance and patient safety when using antipsychotic agents*.	
NURSE PRACTIONER: *All our attending physicians do trust your judgment and appreciate your suggestions and guidance in drug tapering, med switches, reminders of potential drug adverse side effects, etc. Reminders of Benefit/risk statements too , of course!*	
MEDICAL RECORDS DIRECTOR: *You monitor them each month for reduction. You make recommendations to the physicians to change type of drug.*	
PHYSICIAN'S ASSISTANT: *1. Checking the appropriate dose or checking interactions* *2. call to attention if possible reduction can be accomplished* *3. checking if appropriate medication given condition.*	
ASSISTANT DIRECTOR OF NURSING: *Your continued review of charts on a monthly basis, and making recommendations, think pharmacy consultant having a relationship with MD's helps in this process, that they trust your recommendations.*	

RESPONDER	METHOD
ADMINISTRATOR: 1. *You check for appropriate indication for use (diagnosis & behavioral indicators)* 2. *You check for adequate monitoring related to us (effectiveness and adverse consequences)* 3. *You check for appropriate dosage and duration and if the informed consent is filled out.*	
SOCIAL SERVICES: *You give us guidance regarding dosage; drug interactions; appropriate drugs to use for specific behaviors; assistance in drug weaning and elimination;*	
ADON: *Tracking who is due for dose reduction* ADMINISTRATOR/DON/ADON*: Remote Medication Regimen Review procedures – this prevents errors; keeps facility in compliance with CMS guidelines* *Provide monthly psychotropic report for all residents on psychoactive medications, behavior tallies, dose reduction history (used by social services, MDS staff, DON and administrator)*	

COMPLIANCE WITH CMS GUIDELINES & STATE REGULATIONS

RESPONDER	**METHOD**
DON: *helped the facility to remain compliant with use of psychotropic RX*	*Medication regimen review* *Remote Medication Regimen Review*
PROVIDER PHARMACY - DIRECTOR OF PHARMACY: *Help identify therapy appropriateness in a unique patient population* *Provided updates in terms of being compliant in use of psychotropics and especially helping guide facility policy with requirements for informed consent*	*In-service; keeping staff informed of current issues pertaining to this subject*
ADMINISTRATOR: *Provision of interpretation of regulations and CMS guidance related to this mandate.*	
PROVIDER PHARMACY - DIRECTOR OF PHARMACY: *You draw a compliance line for nursing and work with them to* *A. not use,* *B. use appropriately with justification,* *C. Taper to challenge removal* *D. force major justification for more than one drug.*	*Medication Regimen Review* *Ongoing education* *Physician Letters*

COMPLIANCE WITH CMS GUIDELINES & STATE REGULATIONS

RESPONDER	METHOD
ADMINISTRATOR: *You gave examples and worked extensively on the correct informed consent to use and what it should look like.*	*Ongoing meetings, sharing of ideas*
SOCIAL SERVICES: *helped us write our informed consent policies to assure regulatory compliance; keep us on track for survey prep….need I say more?*	
MEDICAL DIRECTOR: *Lengthy, scathing conversation about the demands for the SNF attending physician having to obtain informed consent themselves. Physician believes it doesn't make sense to have to do this for a younger psychiatric population, where the psychoactive medication was prescribed by a psychiatrist and resident has been on the medication for years. Too much paperwork in LTC; Leaving the business between Nov & December;*	
ADMINISTRATOR/DON/ADON: *Provide letters to physicians reminding about dose reductions*	
ADON: *Knowing residents well enough to communicate with survey teams when necessary*	

OTHER

RESPONDER	METHOD
ADMINISTRATOR: *Provide independent consultation outside the internal pharmacy operations*	*Independent Pharmacy Consulting Services*
DIRECTOR OF PHARMACY: *You provide the real utilization data* *As far as 15% (reduction in antipsychotic use) is concerned, good luck - list them, go through the list, work them away. You keep good data to demonstrate 15% if you can get there or explain why you can't*	
PHYSICIAN'S ASSISTANT: *We went to the INTERACT conference this week and will also be working on reducing antipsychotic use through more staff education and problem solving to use more pt. centered nonpharm interventions.*	*Two facilities have implemented special rooms for non-pharmacologic approaches to behavior management ("Quiet Room", "Relaxation Room"). Another is considering same*
DIRECTOR OF NURSING: *make a very positive impact in the facility; helping me and my staff. EXPERT in LTC and we all rely on your level of expertise. We are setting up a meeting with the physicians regarding this matter (ICO) and I requested that you be involved. I know you get frustrated with us, but we will get there and when we do it is because you have had such a positive impact on us and our knowledge base.*	
ADMINISTRATOR/DON: *Observing and reporting on "environmental" and "climate" issues that may be contributing to behavioral problems*	*As above; Culture change has included Activities Dept, Social Services, Dietary, Physical Therapy, Psychologist*

CHALLENGES TO SUCCESS

- Certain physician prescribing practices
- Pharmaceutical industry influence on physician prescribing practices
- Some psychologists recommending antipsychotic medications for "off label" use, or other unusual recommendations for use of medications
- HOSPICE protocols that result in polypharmacy (combinations of routine “off label” antipsychotic agent(s), Thorazine prn, Compazine prn, Haldol prn, plus anxiolytics and opiates)
- Nurses calling MD in the middle of the night about behavioral issues, not providing sufficient information about current medications, resulting in MD unknowingly adding another antipsychotic agent (resulting in dual therapy, no consent, doesn't get addressed until next pharmacy visit….)
- Increased admissions of older adults with history of substance abuse with resultant dementia, major behavioral issues and psychoactive medications
- FAMILIES that are very insistent on NOT reducing medications due to their history with the resident.
- Other

Thank You

Questions / Comments?